	THE DIVISION OF HEALTH OF MISSOURI				2204 E	
. No.300	STANDARD CERTIFICATE OF DEATH State File No				OOOLO	
. 10/48	BIRTH NO REG. DIST. NO PRIMARY REG. DIST. NO SIGN FILE NO					2345
ان فير	a. COUNTY S 4	houi	3	JI	DENCE (Where deconsed lived. If ins	rtitution: residence before admission).
LOT	b. CITY (If outside ex OR TOWN Unit	rpurato limite, write R	URAL and give c. LENGTH STAY (is this	Lace) CR C	to Puoi	mahip) 8130
RECORI	d. FULL NAME OF ( HOSPITAL OR INSTITUTION	If not in bouplied or in	nstitution, give street address or loost	11 ADDDECC	(If rural, give location) 3	4 KLIN
	3. NAME OF DECEASED (Type or Print)	。(First) 。(First)	B. (Middle)	c. (Last) Mc Co	4. DATE (Mossish) OF DEATH 9-	(Day) (Year) 6 - 5>
ANEN	1. b	COLOR OR RACE	7. MARRIED, NEVER MARRIEI WIDOWED, DIVORCED (8pec	سر ہا (روا	1878 9. AGE (In years of months) 1878 73	1 YEAR   F UNDER 11 HES. Days House   Min.
PERMANENT	10a. USUAL OCCUPATION doose during most of world	ng ilfs, even if retired)	10b. KIND OF BUSINESS OR	IN- 11. BIRTHPLACE (	City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY!
A F	13a. FATHER'S NAME	ha. a	13b. MOTHER'S MAI	h- \   - / -	14. NAME OF HUSBAND OR WIF	_
· 6	ISAAC	Mc Cou		_		
[AK]	15. WAS DECEASED EVE			NO.	mc Colhum- Du	ADDRESS . Owoin TLL.
7	18. CAUSE OF DEATH		MEDICA	L CERTIFICATION		INTERVAL BETWEEN
INK	Enter only operause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	ONDITION (a)	dominal C	are Momatosis	SHO
		ANTECEDENT C	AHSES		4	1 _
LACK	*This does not mean the mode of dying, such as heart fallure, asthenia,	Morbid condition	s, if any, giring DUE TO (b)	afeinom	of 5to mach	8 Mo
BLA	the mode of dying, such	Morbid condition	s, if any, giring DUE TO (b)	af 6 i No M	1 of 516 mach 151X	8 No.
BLA	the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	Morbid condition rise to the above of the underlying con	s, if any, giving DUE TO (b) nuss (a) stating use last.	OF CINO M		
BLA	the mode of tying, such as heart failure, authenia, etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERA-TION	Morbid condition rise to the above c the underlying cat li. OTHER SIGNI Conditions contributed to the disease 19b. MAJOR FIN	s, if any, giving DUE TO (b) wass (a) stating use last.  DUE TO (c)  FICANT CONDITIONS  buting to the death but not use or condition causing death.  DINGS OF OPERATION		151X	20. AUTOPSY1
UNFADING BLA	the mode of dying, such as heart fallure, asthenia, etc. It means the discuse, injury, or complication which caused death.	Morbid condition rise to the above of the underlying can ill. OTHER SIGNI Conditions contril related to the disease 19b. MAJOR FIN	s, if any, giving DUE TO (b) wass (a) stating use last.  DUE TO (c)  FICANT CONDITIONS  buting to the death but not use or condition causing death.  DINGS OF OPERATION	OCINOMO C	of Stomach	20. AUTOPSY7
BLA	the mode of tying, such as heart failure, authenia, etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERA- LONG 110N  21a. ACCIDENT  21a. SUCIDENT	Morbid condition rise to the above of the underlying can in. OTHER SIGNI Conditions contributed to the disease of the underlying Conditions contributed to the disease of the Conditions (Bpacity)	s, if any, giving DUE TO (b)  muse (a) stating  we last.  DUE TO (c)  FICANT CONDITIONS  builing to the death but not use or condition covaring death.  DINGS OF OPERATION  ANCEL  21b. PLACEOF INJURY (e.g., to or a	CINOMO CONTRACTOR CONT	F Stomach R TOWNSHIP) (COUNTY)	20. AUTOPSY7 YES
SING UNFADING BLA	the mode of tying, such as heart fallure, asthemia, etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERATION 24/62  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) OF INJURY	Morbid condition rise to the above of the underlying cat il. OTHER SIGNI Conditions contril related to the disect 19b. MAJOR FIN ACC (Bpacity)  (Day) (Year)	s, if any, giving DUE TO (b)  muse (a) stating  DUE TO (c)  FICANT CONDITIONS  builing to the death but not use or condition couring death.  DINGS OF OPERATION  21b. PLACE OF INJURY (c.g., is or a beams, farm, factory, stevet, office bidg.  (illust)  21e. INJURY OCCURR  WHILE AT [ ] NOT WHILE	CINOMINO  CONTROL  CO	F Stomach (COUNTY)	20. AUTOPSY?  YES NO (STATE)  at saw the deceased above.
PLAINLY-USING UNFADING BLA	the mode of tying, such as heart failure, authenia, etc. It means the disease, injury, or compileation which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUCIDE HOMICIDE  21d. TIME (Meach) OF INJURY  22. I hereby entity client on SCP	Morbid condition rise to the above of the underlying can il. OTHER SIGNI Conditions contributed to the disease of the underlying can include to the disease of the underlying (Baselly)  (Baselly)  (Day) (Tear)	s, if any, giving DUE TO (b)  ause (a) stating  DUE TO (c)  FICANT CONDITIONS  betting to the death but not use or condition causing death.  DINGS OF OPERATION  21b, PLACE OF INJURY (c.g., is or a barne, farm, factory, street, office bidg.  MYRILE AT NOT WHILL MORK  The deceased from Thing  and that death occurred  (Degree or tile	CINOMA   CITY, TOWN, CITY, HOW DID INJUST   St., 19 \$\infty\$, 19 \$\infty\$, 19 \$\infty\$, 19 \$\infty\$, 10 \$\i	F Stomech R TOWNSHIP) (COUNTY) RY OCCUR?  Sept 6, 1958, that I la the pauses and on the date state  Leanel	20. AUTOPSY1  YES NO  (STATE)  at saw the deceazed ed above.  22c. DATE SIGNED  98/52
SING UNFADING BLA	the mode of tying, such as heart failure, authenta, etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meach) OF INJURY 22. I hereby serify	Morbid condition rise to the above of the underlying can ill. OTHER SIGNI Conditions contributed to the disease of the underly (Baselly)  (Baselly)  (Day) (Year)  (Day) (Year)	s, if any, giving DUE TO (b)  ause (a) stating  DUE TO (c)  FICANT CONDITIONS  betting to the death but not use or condition causing death.  DINGS OF OPERATION  21b, PLACE OF INJURY (c.g., is or a barne, farm, factory, street, office bidg.  MYRILE AT NOT WHILL MORK  The deceased from Thing  and that death occurred  (Degree or tile	ED 211. HOW DID INJUING  IS , 19 SZ, to S  at	R TOWNSHIP) (COUNTY)  RY OCCUR?  REP 16, 19 52, that I la  the causes and on the date state  Lich LOCATION (City, town, or con  Du Ou o'N -	20. AUTOPSY1  YES NO  (STATE)  at saw the deceazed ed above.  22c. DATE SIGNED  98/52
PLAINLY-USING UNFADING BLA	the mode of tying, such as heart fallure, authenta, etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERATION TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Meach) OF INJURY  22. I hereby entity of the complete of SCP (Meach) Complete of SCP)  24a. BURIAL. CREMATION, REMOVAL CR	Morbid condition rise to the above of the underlying can ill. OTHER SIGNI Conditions contributed to the disease of the underly (Baselly)  (Day) (Year)  (Day) (Year)  (that I attended to the disease of the underly)  24b. DATE  7 7 7	s, if any, giving DUE TO (b)  muse (a) stating  DUE TO (c)  FICANT CONDITIONS  builing to the death but not use or condition couring death.  DINGS OF OPERATION  21b. PLACE OF INJURY (c.g., is or a beams, farm, factory, street, office bidg.  CHOSEN  21e. INJURY OCCURR  WHILE AT NOT WHILL  MORK AT WORK  24c. NAME OF CEMI	CINOMA   CITY, TOWN, CITY, HOW DID INJUST   St., 19 \$\infty\$, 19 \$\infty\$, 19 \$\infty\$, 19 \$\infty\$, 10 \$\i	R TOWNSHIP) (COUNTY)  RY OCCUR?  CP 16 , 19 52, that I la  the causes and on the date state  Lid. LOCATION (City, town, or con	20. AUTOPSY?  YES NO STATE)  at saw the deceased ed above.  22c. DATE SIGNED  98/52  nty) (State)  C. L. L.
PLAINLY-USING UNFADING BLA	the mode of tying, such as heart fallure, authenta, etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERATION TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Meach) OF INJURY  22. I hereby entity align on SCP  24a. BURIAL CREMATION, REMOVAL	Morbid condition rise to the above of the underlying can ill. OTHER SIGNI Conditions contributed to the disease of the underly (Baselly)  (Day) (Year)  (Day) (Year)  (that I attended to the disease of the underly)  24b. DATE  7 7 7	s, if any, giving DUE TO (b)  muse (a) stating  DUE TO (c)  FICANT CONDITIONS  builing to the death but not use or condition couring death.  DINGS OF OPERATION  21b. PLACE OF INJURY (c.g., is or a beams, farm, factory, street, office bidg.  CHOSEN  21e. INJURY OCCURR  WHILE AT NOT WHILL  MORK AT WORK  24c. NAME OF CEMI	ED 211. HOW DID INJUING  15, 1952, to 5  at	F Stomach  R TOWNSHIP) (COUNTY)  RY OCCUR?  SP + 6 , 19 52, that I la  the causes and on the date state  LLCATION (City, town, or county)  Du Quoin - A  LCYOR'S SIGNATURE  DER - Du Quoin	20. AUTOPSY?  YES NO STATE)  at saw the deceased ed above.  22c. DATE SIGNED  98/52  nty) (State)  C. L. L.

I hereby certify that the body whose name is recorded on the re-	verse side of this certificate was en	nbaimed by me, or by	
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orking under my personal supervision.		· ·	
	<i></i>	7 /	

STATEMENT BY LICENSED EMBALMER

Signed Saula O Machinel
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.